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Under the Paperwork R PATEN	T APPLICATE	, no persons are r	equired to respon	d to a collection of in		ess it disp	ays a valid OME	3 control numb
	I I C	or Docket Number						
	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY				
FOR NUMBER FILED NUMBER				RATE	FEE	7	RATE	555
BASIC FEE (37 CFR 1.16(a))					s	Ţ	IVATE	FEE
TOTAL CLAIMS (37 CFR 1.16(c))	minu	20 =		x \$ =		OR		\$
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minu	3 = •		x \$ =	 	OR	× \$=	 -
MULTIPLE DEPENDENT C			OR	× \$=				
		+ \$=	· · · · · · · · · · · · · · · · · · ·	OR	+ \$=	ļ		
* If the difference in colum	TOTAL		OR	TOTAL				
CLAIN	IS AS AMENDE	D – PART II						
7	olumn 1)	(Column 2)	(Column 3)	SMALL E	NTITY	OR		R THAN ENTITY
# 1/2/6 RE	CLAIMS EMAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total (37 CFR 1.16(c))	Minu	20	=	x \$ =		OR	x \$ =	<u>f</u> EE
Z Independent (37 CFR 1.16(b))	Minus	" 3	=	x \$ =				
FIRST PRESENTATION	OF MULTIPLE DEPEN	DENT CLAIM (37 C	CFR 1.16(d)			OR	× \$=	
				+ \$ = TOTAL ADD'L FEE		OR OR	+ \$_ = TOTAL ADD'L FEE	+
	olumn 1)	(Column 2)	(Column 3)		\		_	1
REI	LAIMS MAINING AFTER INDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total (37 CFR 1.16(c))	Minus		=	x \$ =		<u></u>	·	FEE
Z Independent (37 CFR 1.16(b))	Minus	•••	=	x \$ =		OR	× s=	
FIRST PRESENTATION	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					OR OR	× \$=	
				TOTAL ADD'L FEE			+ \$ = TOTAL ADD'L FEE	
(Co	umn 1)	(Column 2)	(Column 3)	_				
ŘEN A	LAIMS MAINING FTER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total (37 CFR 1.16(c))	Minus	••	=	x \$ =				FEE
Independent (37 CFR 1.16(b))	Minus	•••	.=	x \$ =		- 1	< \$=	
FIRST PRESENTATION C	OF MULTIPLE DEPEND	ENT CLAIM (37 CF	+\$ =			· \$=		
* If the entry in column 4	is loss then the	.i.,		TOTAL ADD'L FEE		ا	OTAL ADD'L FEE	
 If the entry in column 1 If the "Highest Number If the "Highest Number The "Highest Number F 	Previously Paid For Previously Paid For	'IN THIS SPACE I	is less than 20, en	r "3"				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number								
	0	728805						
75	24	115						

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			7					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	7 minus 20=		•			X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	/ mi	nus 3 =	*			X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		ОЯ	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	ENTITY	OR	OTHER SMALL			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		2		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=		X43=	•	OR	X86=	
<u> </u>	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDENI	·		ן י	+145=		OR	+290=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	. ′		•			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=	h h	OR	X\$18=	
4ME	Independent	•	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+145=			+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												